



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/892,184	06/26/2001	Christopher T. Maus	4L01.1-012	6310
35725	7590	07/03/2006	EXAMINER	
MEHRMAN LAW OFFICE, P.C. ONE PREMIER PLAZA 5605 GLENRIDGE DRIVE, STE. 795 ATLANTA, GA 30342			BLECK, CAROLYN M	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 07/03/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)
	09/892,184	MAUS ET AL.
	Examiner Carolyn M. Bleck	Art Unit 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 20 April 2006.
- 2a) This action is **FINAL**. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 21-40 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 21-40 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)	4) <input type="checkbox"/> Interview Summary (PTO-413)
2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)	Paper No(s)/Mail Date. _____.
3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.	5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)
	6) <input type="checkbox"/> Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed on 20 April 2006. Claims 21-40 are pending. Claims 21-33 have been amended. Claims 34-40 are newly added.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
3. Claims 21-32 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

(A) Claim 21 recites personal identification information, medical insurance information, or emergency medical treatment information at lines 3-4. However, at lines 6-7 the claim recites emergency medical treatment information. It would appear that claim 21 would require emergency medical treatment information, however at lines 3-4 this information is represented in the alternative. Thus "emergency medical treatment information" would lack proper antecedent basis. For purposes of applying prior art, "emergency medical treatment information" is considered to be information.

Claims 22-32 depend on claim 21, and are thus rejected for the same reasons as claim 21.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 21-31, 34, 36-38, and 40 are rejected under 35 U.S.C. 103(a) as being unpatentable over Holzman (Thomas G. Holzman, Computer-Human Interface Solutions for Emergency Medical Care, Interactions..., May and June 1999, pages 13-24) in view of Ziejewski (6,726,623).

(A) As per claim 21, Holzman discloses an emergency medical information system (Fig. 2 on page 17) comprising:

(a) credit-card sized plastic cards with a memory chip that are read and written to by smart card readers, wherein the cards store patient's medical records including the mechanism of injury, primary assessment results, signs or symptoms, secondary assessment results, Glasgow Coma Scale assessment results, diagnosis, treatment administered, triage priority, evacuation priority, patient profile (age, gender, weight, height, allergies, etc.) (page 17: Fig. 2, page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1);

(b) a Field Medic Associate (FMA) mobile computer that enables documentation of care to begin at the point of initial contact with the patient and a Field Medic Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is attached to the FMC computer, displaying clinical or medical logistics information, vital sign information, and secondary assessment information, and transmitting or communicating patient information to a receiving hospital, and EEDS Regional Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3); and

(c) an emergency department associate workstation computer for receiving inputs by dynamically monitoring the data inputted to the EEDS and documenting the patient's records, wherein the patient records containing patient data ahead of the patient (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

Holzman does not expressly disclose preparing a hospital admission report based on the patient information. However, Holzman does include a patient profile record, detailed record, a simple record, primary assessment, signs and symptoms, secondary assessments, diagnosis, and treatment which appears to be the information that would be put into the hospital admission report and this information is sent ahead of the patient (page 20: col. 1 par. 1, page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par. 1). It is noted that a hospital admission report (see Applicant's specification on page 4 lines 21-22) is considered to be a report containing background on the patient.

Ziejewski discloses displaying results collected for a patient prior to the patient's arrival at an emergency room, wherein the results include the patient's name, gender, height, weight, age, accident type, the probability of brain injury, and a biomechanical analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7 lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

(B) Claims 22, 24, and 31 were addressed above in the rejection of claim 21, part a.

(C) As per claim 23, Holzman discloses transmitting image files of the accident, which could include the patient, for inclusion in the results (reads on "report") (Fig. 5-6, col. 6 line 57 to col. 7 line 13, col. 9 lines 44-58).

(D) As per claim 25, Holzman discloses the FMC computer having data automatically input into it from physiological monitoring equipment while the patient is in the ambulance and the readings being communicated to the emergency department associate computer and the EEDS (page 17: Fig. 2, col. 2 par. 2, page 22: col. 1 par. 2-3, col. 2 par. 4, page 23: col. 1 par. 1).

(E) As per claim 26, Holzman discloses the FMC computer receiving data input by an EMT attending to a person in an ambulance while the ambulance is in transit to the hospital (page 17: Fig. 2, col. 2 par. 2, page 21: par. 2, Fig. 4, page 22: col. 1 par. 2-3, col. 2 par. 2-4, page 23: col. 1 par. 1). Holzman discloses communicating data to the emergency department associate computer and the EEDS (page 17: Fig. 2, col. 2 par. 2, page 22: col. 1 par. 2-3, col. 2 par. 4, page 23: col. 1 par. 1).

As per the recitation of "including the data in the hospital admissions report," Holzman does not expressly disclose this feature.

Ziejewski discloses collecting data at an accident site, transferring this collected data to a computer, displaying results collected on a computer for a patient prior to the patient's arrival at an emergency room, wherein the results include the patient's name, gender, height, weight, age, accident type, the probability of brain injury, and a biomechanical analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7 lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

(F) As per claim 27, Holzman discloses obtaining data from an EEDS repository by the emergency department associate computer (page 17: col. 1 par. 1, Fig. 2, col. 2 par. 2, page 18, col. 1 par. 2). As per the recitation of a hospital report, note the discussion in claim 21. It is also respectfully submitted that any medical data stored in a medical data repository is secure because of HIPAA regulations and requirements.

(G) As per claim 28, Holzman discloses a personal data monitor (PDM) for automatically collecting vital signs which are transmitted to the FMC computer and identified on the screen (Figure 4), wherein the emergency department associate computer obtains data from the PDM of the patient, which is included in the patient record (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 1-3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3). As per the recitation of a hospital report, note the discussion in claim 21.

(H) As per claim 29, Holzman discloses the emergency department associate computer retrieving information from the EEDS regional repository for a patient (Fig. 2 on page 17). Ziejewski discloses the hospital report. Holzman and Ziejewski do not expressly disclose including computer identification information within the patient data and then including this in a report, however it is respectfully submitted that information stored in a database typically includes an identifier or directory to locate that particular piece of information in a database, and it would have been obvious to modify the combination of

Holzman and Ziejewski to include this feature with the motivation of allowing a user to quickly access information in remote databases.

(I) As per claim 30, Holzman discloses the FMC computer including GPS for tracking the location of emergency personnel, wherein logistics information such as the location are transmitted or communicated to facilities shown in Figure 2 (Fig. 2 and 4, page 22: col. 1, par. 1-2). As per the recitation of a hospital admission report, this was discussed in claim 21. As per the recitation of “estimating the time of arrival of an ambulance at a hospital,” based on the data transmitted (i.e., location and maps of personnel and incidents) in Holzman, the Examiner respectfully submits that this is well known in the art of emergency management. For example, when an ambulance is traveling to a hospital, an estimated time of arrival is given by either the ambulance driver or the hospital to ensure a hospital is prepared to handle an incoming patient. Applicant appears to be automating this process through the use of a computer. Merely using a computer to automate a known process does not by itself impart nonobviousness to the invention. See *Dann v. Johnston*, 425 U.S. 219, 227-30, 189 USPQ 257, 261 (1976); *In re Venner*, 262 F.2d 91, 95, 120 USPQ 193, 194 (CCPA 1958).

(J) As per claim 34, Holzman discloses a method for management of emergency medical information (Fig. 2 on page 17) comprising:

(a-b) using a Field Medic Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is attached to the FMC computer for reading a

patient's smart card while the patient is in the ambulance, displaying clinical or medical logistics information, vital sign information, and secondary assessment information, and transmitting or communicating patient information to a receiving hospital, and EEDS Regional Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 19: col. 2 par. 2, page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3);

(c) pulling information from the EEDS Regional Repository to the FMC using the patient's smartcard attached to the FMC (Fig. 2, page 22: col. 1 par. 2) and accessing inputs to the EEDS by the emergency department associate when the patient is being treated in the field (page 17: col. 2 par. 2; page 18: col. 1 par. 1-2); and

(d) using an emergency department associate workstation computer for receiving inputs by dynamically monitoring the data inputted to the EEDS and documenting the patient's records, wherein the patient records containing patient data ahead of the patient (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

Holzman does not expressly disclose compiling a hospital admission report comprising the secure medical records and printing a hospital admission report based on the patient information. However, Holzman does include a patient profile record, detailed record, a simple record, primary assessment, signs and symptoms, secondary assessments, diagnosis, and treatment which appears to be the information that would be put into the hospital admission report and this information is sent ahead of the patient (page 20: col. 1 par. 1, page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par. 1). It

is noted that a hospital admission report (see Applicant's specification on page 4 lines 21-22) is considered to be a report containing background on the patient.

Ziejewski discloses displaying results collected for a patient prior to the patient's arrival at an emergency room, wherein the results include the patient's name, gender, height, weight, age, accident type, the probability of brain injury, and a biomechanical analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7 lines 8-13) (reads on "hospital admission report"). Ziejewski discloses a printer on computer system (100), which is used to display the results (col. 5 line 28 to col. 6 line 18). Thus, the computer system is able to print the results in Figures 5-6.

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

It is also respectfully submitted that any medical data stored in a medical data repository is secure because of HIPAA regulations and requirements.

(K) As per claim 36, Holzman discloses accessing an EEDS to obtain medical records (Fig. 2, page 17: col. 2 par. 2, page 18: col. 1 par. 1-2, page 22: col. 1 par. 2).

(L) As per claims 37-38, Holzman discloses receiving medical device readings and medical treatment information while the patient is in the ambulance (Figure 4, page 22:

col. 2 par. 2-4, page 23: col. 1 par. 1), storing this information in a patient record on a card with a memory chip (page 19: col. 2 par. 2, page 20: col. 1 par. 1, page 22: col. 2 par. 1), transmitting the information to the emergency department associate computer (page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3). As per the recitation of a hospital admission report, note the discussion in claim 34.

(M) Claim 40 repeats claim 23, and is therefore rejected for the same reason as claim 23.

6. Claims 32 and 35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Holzman (Thomas G. Holzman, Computer-Human Interface Solutions for Emergency Medical Care, Interactions..., May and June 1999, pages 13-24) and Ziejewski (6,726,623) as applied to claim 21 and 34, and further in view of Rozen (6,073,106).

(A) As per claims 32 and 35, Holzman discloses a credit-card sized plastic cards with a memory chip that are read and written to by smart card readers, wherein the cards store patient's medical records including the mechanism of injury, primary assessment results, signs or symptoms, secondary assessment results, Glasgow Coma Scale assessment results, diagnosis, treatment administered, triage priority, evacuation priority, patient profile (age, gender, weight, height, allergies, etc.) (page 17: Fig. 2,

page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1) (reads on a first data storage area).

Holzman and Ziejewski fail to expressly disclose a second data storage area comprising secured medical data that is not accessible by the mobile data management system, where the mobile data management system is configured to transmit the secured medical data to the medical treatment facility without accessing the secured medical data, where the medical treatment facility computer is configured to access the secured medical data stored in the secured data storage.

Rozen discloses a first and second category of personal information, wherein the two categories have separate pin numbers to access the information (PIN-1, PIN-2) (reads on "a second data storage area comprising secured medical data that is not accessible by the mobile data management system"), wherein the information communicated over the Internet to the doctor is done so without disclosing the information to the service provider, wherein the doctor accesses the information using the PIN number over the Internet (col. 5 lines 20-41, col. 11 line 48 to col. 12 line 23).

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Rozen within the system of Holzman and Ziejewski with the motivation of quickly accessing patient records in an emergency (Rozen; col. 1 lines 16-45).

7. Claim 33 is rejected under 35 U.S.C. 103(a) as being unpatentable over Holzman (Thomas G. Holzman, Computer-Human Interface Solutions for Emergency Medical

Care, Interactions..., May and June 1999, pages 13-24) in view of Ziejewski (6,726,623).

(A) As per claim 33, Holzman discloses an emergency medical information system (Fig. 2 on page 17) comprising:

(a) credit-card sized plastic cards with a memory chip that are read and written to by smart card readers, wherein the cards store patient's medical records including the mechanism of injury, primary assessment results, signs or symptoms, secondary assessment results, Glasgow Coma Scale assessment results, diagnosis, treatment administered, triage priority, evacuation priority, patient profile (age, gender, weight, height, allergies, etc.) (reads on "medical insurance information") (page 17: Fig. 2, page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1);

(b) a Field Medic Associate (FMA) mobile computer that enables documentation of care to begin at the point of initial contact with the patient and a Field Medic Coordinator (FMC) computer mounted in an ambulance, wherein a smart card reader is attached to the FMA computer, displaying clinical or medical logistics information, vital sign information, and secondary assessment information, and transmitting or communicating patient information to a receiving hospital, and EEDS Regional Repository, or to the next level of care ahead of the patient (page 17: Fig. 2, page 18: col. 1 par. 3, col. 2 par. 2; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3), a personal data monitor (PDM) for automatically collecting vital signs which are transmitted to the FMC computer and identified on the

screen (Figure 4), wherein the emergency department associate computer obtains data from the PDM of the patient, which is included in the patient record (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 1-3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3), an interface for receiving attending data input by a medical technician attending to the person while the person is in the ambulance (page 21: Figure 4, page 22: col. 2 par. 2-4);

(c) an emergency department associate workstation computer to receiving inputs by dynamically monitoring the data inputted to the EEDS and documenting the patient's records, wherein the patient records containing patient data ahead of the patient (page 17: Fig. 2, col. 2 par. 2, page 18: col. 1 par. 3; page 20: col. 1 par. 1, page 21: Fig. 4, col. 2 par. 2, page 22: col. 1 par. 1-3, col. 2 par. 1-3).

Holzman does not expressly disclose preparing a hospital admission report based on the patient information. However, Holzman does include a patient profile record, detailed record, a simple record, primary assessment, signs and symptoms, secondary assessments, diagnosis, and treatment which appears to be the information that would be put into the hospital admission report and this information is sent ahead of the patient (page 20: col. 1 par. 1, page 21: Figure 4, page 22: col. 1 par. 2, col. 2 par. 1). It is noted that a hospital admission report (see Applicant's specification on page 4 lines 21-22) is considered to be a report containing background on the patient.

Ziejewski discloses displaying results collected for a patient prior to the patient's arrival at an emergency room, wherein the results include the patient's name, gender, height, weight, age, accident type, the probability of brain injury, and a biomechanical

analysis of the potential brain injury (Fig. 5-6, col. 2 lines 3-32, col. 9 lines 45-62, col. 7 lines 8-13) (reads on "hospital admission report").

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Holzman within the system of Ziejewski with the motivation of providing a quick and accurate assessment of various accident scenarios before a patient arrives in the emergency room (Ziejewski; col. 2 lines 45-52, col. 3 lines 24-33).

Holzman discloses a credit-card sized plastic cards with a memory chip that are read and written to by smart card readers, wherein the cards store patient's medical records including the mechanism of injury, primary assessment results, signs or symptoms, secondary assessment results, Glasgow Coma Scale assessment results, diagnosis, treatment administered, triage priority, evacuation priority, patient profile (age, gender, weight, height, allergies, etc.) (page 17: Fig. 2, page 18: col. 1 par. 4, col. 2 par. 1, page 19: col. 1 par. 2, col. 2 par. 2, page 20, col. 1 par. 1) (reads on a first data storage area).

Holzman and Ziejewski fail to expressly disclose a second data storage area comprising secured medical data that is not accessible by the mobile data management system, where the mobile data management system is configured to transmit the secured medical data to the medical treatment facility without accessing the secured medical data, where the medical treatment facility computer is configured to access the secured medical data stored in the secured data storage.

Rozen discloses a first and second category of personal information, wherein the two categories have separate pin numbers to access the information (PIN-1, PIN-2) (reads on “a second data storage area comprising secured medical data that is not accessible by the mobile data management system”), wherein the information communicated over the Internet to the doctor is done so without disclosing the information to the service provider, wherein the doctor accesses the information using the PIN number over the Internet (col. 5 lines 20-41, col. 11 line 48 to col. 12 line 23).

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the features of Rozen within the system of Holzman and Ziejewski with the motivation of quickly accessing patient records in an emergency (Rozen; col. 1 lines 16-45).

8. Claim 39 is rejected under 35 U.S.C. 103(a) as being unpatentable over Holzman (Thomas G. Holzman, Computer-Human Interface Solutions for Emergency Medical Care, Interactions..., May and June 1999, pages 13-24) and Ziejewski (6,726,623) as applied to claim 21 and 34, and further in view of Official Notice.

(A) As per claim 39, Holzman and Ziejewski do not expressly disclose obtaining medical coverage information and including medical coverage information in the hospital admission report. However, the Examiner respectfully submits that it is well known in the healthcare insurance arts that typically when a patient is admitted to the hospital, the patient is asked for their medical insurance information so that a hospital

can be reimbursed for providing medical services to the patient. This information is typically included in any admission documents of the hospital. It would have been obvious to modify Holzman and Ziejewski to include this feature in order to properly compensate a hospital through a patient's medical insurance.

Response to Arguments

9. Applicant's arguments with respect to claims 21-40 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

10. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied prior art teaches delivery of medical services using electronic data communications (5,619,991), emergency-reporting system for rescue operations (5,874,897), world wide patient location and data telemetry system for implantable medical devices (6,083,248), integrated emergency medical transportation database system (6,117,073), computer oriented record administration system (US 2002/0083192 A1), method and apparatus for reporting emergency incidents (6,594,634), bodily worn device for digital storage and retrieval of medical records and personal identification (6,747,561), and web-hosted healthcare information management system (US 2005/0125258 A1).

11. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

12. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Carolyn Bleck whose telephone number is (571) 272-6767. The Examiner can normally be reached on Monday-Thursday, 8:00am – 5:30pm, and from 8:30am – 5:00pm on alternate Fridays.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached at (571) 272-6776.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

13. Any response to this action should be mailed to:

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Or faxed to:

(571) 273-8300 [Official communications]

(571) 273-8300 [After Final communications labeled "Box AF"]

(571) 273-6767 [Informal/ Draft communications, labeled
"PROPOSED" or "DRAFT"]

Hand-delivered responses should be brought to the Knox Building, Alexandria, VA.

CB
CB
June 22, 2006


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER